



# TRANSMITTAL FORM

3738

|                         |                 |
|-------------------------|-----------------|
| Application Serial No.: | 09/973,562      |
| Filing Date:            | October 9, 2001 |
| First Named Inventor    | Desmond         |
| Group Art Unit          | 3738            |
| Examiner Name           | W. Matthews     |
| Attorney Docket No.     | BSC-186         |

## ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input type="checkbox"/> Extension of Time Request<br><input checked="" type="checkbox"/> Information Disclosure Statement PTO-1449<br><input checked="" type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|---|

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## CORRESPONDENCE ADDRESS

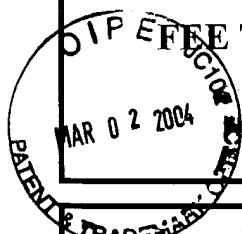
Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Date: February 27, 2004  
Reg. No. 42,545  
Tel. No.: (617) 248-7675  
Fax No.: (617) 248-7100

Respectfully submitted,

John V. Forcier  
Attorney for Applicants  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110



**FEE TRANSMITTAL**  
**FY 2004**

Complete if Known

|                           |                 |
|---------------------------|-----------------|
| Application Serial Number | 09/973,562      |
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| First Named Inventor      | Desmond         |
| Group Art Unit            | 3738            |
| Examiner Name             | W. Matthews     |
| Attorney Docket No.       | BSC-186         |

**METHOD OF PAYMENT**

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

**FEE CALCULATION**

**1. FILING FEE**

**Large Entity**

| Fee (\$) | Fee Description        | Fee Paid |
|----------|------------------------|----------|
| 770      | Utility filing fee     |          |
| 340      | Design filing fee      |          |
| 160      | Provisional filing fee |          |

| Number Filed | Number Extra | Rate | Amount |
|--------------|--------------|------|--------|
|--------------|--------------|------|--------|

Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 86.00 =

☐ Multiple Dependent Claim(s), if any \$290.00 =

TOTAL:  
SMALL ENTITY DISCOUNT:  
SUBTOTAL (1) (\$) 0.00

**2. AMENDMENT CLAIM FEES**

| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid |
|-------------------------------|---------------------------------|---------------|------|----------|
|-------------------------------|---------------------------------|---------------|------|----------|

Total - = x \$ 18.00 =

Indep. - = x \$ 86.00 =

☐ First Presentation of Multiple Dep. Claim + \$290.00 =

TOTAL: (\$)  
SMALL ENTITY DISCOUNT: (\$)  
SUBTOTAL (2) (\$) 0.00

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description  | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130                   | 65                    | Surcharge - late filing fee or oath                            |          |
| 50                    | 25                    | Surcharge - late provisional filing fee or cover sheet         |          |
| 130                   | 130                   | Non-English specification                                      |          |
| 2,520                 | 2,520                 | Request for ex parte reexamination                             |          |
| 110                   | 55                    | Extension for reply within first month                         |          |
| 420                   | 210                   | Extension for reply within second month                        |          |
| 950                   | 475                   | Extension for reply within third month                         |          |
| 1480                  | 740                   | Extension for reply within fourth month                        |          |
| 2010                  | 1005                  | Extension for reply within fifth month                         |          |
| 330                   | 165                   | Notice of Appeal   |          |
| 330                   | 165                   | Filing a brief in support of an appeal                         |          |
| 290                   | 145                   | Request for oral hearing                                       |          |
| 130                   | 130                   | Petitions to the Commissioner                                  |          |
| 180                   | 180                   | Submission of Information Disclosure Statement                 | 180.00   |
| 770                   | 385                   | Filing a submission after final rejection (37 CFR 1.129(a))    |          |
| 770                   | 385                   | For each additional invention to be examined (37 CFR 1.129(b)) |          |
| 100                   | 100                   | Certificate of Correction for applicant's error                |          |
| 110                   | 55                    | Submission of Terminal Disclaimer                              |          |

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$) 180.00

SUBTOTAL (1) 0.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 180.00

TOTAL (\$) 180.00

**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

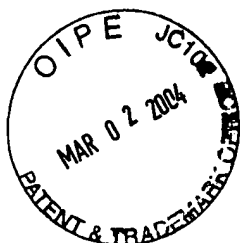
Patent Administrator  
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High Street Tower-125 High Street  
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John V. Forcier  
Attorney for the Applicants  
Testa, Hurwitz & Thibault, LLP  
High Street Tower-125 High Street  
Boston, MA 02110




PATENT  
Attorney Docket No. BSC-186

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Desmond *et al.*  
SERIAL NO.: 09/973,562 GROUP NO.: 3738  
FILING DATE: October 9, 2001 EXAMINER: W. Matthews  
TITLE: Prostatic Stent and Delivery System

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 27rd day of February, 2004.

  
Shawna Boudreau

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. A check in the amount of \$180.00;
4. Information Disclosure Statement (2 pg.);
5. PTO Form 1449 (4 pgs.);
6. Copies of references A1-A5, B1-B5, C1;
7. Return Receipt Postcard;

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